# FAQ

*Questions relating specifically to Providers will be addressed here. This section will have subsections divided into General, Mental Health and Substance Abuse (CMHSA), and Dental.*

We will be submitting encounter data using the 837/4010 format beginning in October 2002 (due by the 15th of the following month), but what about the additional demographic data that is required but not on the 837/4010?
MDCH is developing the guidelines for this additional Medicaid Health Plan reporting and will distribute them as soon as it is finalized.

We receive files monthly through the Data Exchange Gateway (DEG ) that lists those individuals enrolled in Medicaid and covered by our agency. Will that continue?
For the time being, you will continue to receive your list of enrollees through the DEG. As progress toward HIPAA compliance continues, that will change. Enrollment information will be transmitted using the 820 and 834 formats. These will be ready for testing by April 1, 2003 leading to full implementation by October 16, 2003.

Will date of service drive the new claims format after Oct 1 2002?
No the date of submission will drive the format after October 1, 2002.
The schedule for Nursing Facilities implementation is contained in the L-02-25 letter issued by MDCH. **This Provider letter addresses the Nursing Facilities delay in implementation of the 837 I format.** A copy of this letter is available at http://www.michigan.gov/documents/NF_Sept_Numbered_letter_L-02-25_42268_7.pdf.
The schedule for the implementation of the other transactions is available on the Michigan Virtual University website at http://mvulearning.mivu.org/med/hipaa/direct/start.htm These are on-line courses and are available via the Internet 7 days a week, 24 hours a day.

What is available to help with HIPAA implementation?
Testing is currently available. MDCH has contracted with Claredi Inc., to test and certify transactions for HIPAA compliance. Blue Cross Blue Shield of Michigan has contracted with Foresight for the same purpose. Each mental health PHP and Medicaid Health Plan will be included in this contract and is strongly encouraged to take advantage of this no-cost opportunity. Training is available through Michigan Virtual University at http://mvulearning.mivu.org/med/hipaa/direct/start.htm . These are on-line courses and are available via the Internet 7 days a week, 24 hours a day.

When can we expect to have all the approved mental health and substance abuse service codes?
A listing of Codes to be used for billing mental health services was issued via correspondence from Patrick Barrie dated 06/03/02. Currently available National Codes and some local codes are included on this list. These codes will be used for the implementation of the 837/4010 transactions beginning October 1, 2002 and submitted through MDCH Data Exchange Gateway (DEG) in November 2002.

Does the law require physicians to buy computers?
No, there is no such requirement. However, more physicians may want to use computers for submitting and receiving transactions (such as health care claims and remittances/payments) electronically.
The Administrative Simplification provisions of the HIPAA law were passed to support the health care industry. HIPAA law requires that all transactions submitted electronically comply with the standards. Providers, even those without computers, may want to adopt these standard electronic transactions, so they can benefit directly from the reductions in cost. This is possible because the HIPAA law allows providers and health plans, to contract with clearinghouses to conduct the standard electronic transactions for them.

Nursing Facility providers are questioning whether or not a crosswalk will be provided from the current proprietary electronic NF claim format to the 837-I or EMCv5.
Several elements reported on the proprietary form cannot be captured on the new formats.
MDCH policy changes under the Nursing Facility (NF) transition to national standard claim formats through the Uniform Billing Project have eliminated the use of some elements currently reported on the proprietary format, or transitioned the use of those elements to an entirely different claim format. Providers should review the recently

revised Chapter IV of the Michigan Medicaid Nursing Facility Manual, and the State Uniform Billing Manual to assess impact on provider-specific systems and modify individual claims data reporting systems accordingly. The authoritative crosswalk from the UB-92 (both paper and electronic) to the 837-I is found in Appendix F of the 837-Institutional Implementation Guide, version 4010.

Where do we get the correct code sets?
As a general rule, all HIPAA compliant transactions will have to use codes that have been designated as national standards and listed in the HIPAA rule.
In summary they are:
CPT codes for Physician services published by the American Medical Association. The book can be purchased online at www.ama-assn.org/ama/pub/category/3113.html
CDT codes for Dental Services, Code books information at www.ada.org/prof/prac/manage/benefits/cdtguide.html
NDC codes for Drugs. The pharmacy codeset books can be downloaded free of charge from www.fda.gov/cder/ndc. Michigan Medicaid Pharmacy codes are available at www.michigan.fhsc.com . Open the Provider folder, open the Pharmacy information folder, open the drug information folder and the NDC extracts
ICD-9-CM Vol. 3, Codes for Inpatient Hospital until ICD-10-CM is ready. ICD-9-CM codebook information can be obtained at www.cdc.gov/nchs/datawh/ftpserv/ftpicd9/ftpicd9.htm
HCPCS code book from Center for Medicaid and Medicare Services (CMS). www.hcfa.gov/medicare/2001rel.htm
UB-92 Billing manual is published by the Medical Hospital Association. Their website address is www.voyager.net/mha/ub92/intro.html
Information can also be obtained from the HIPAA Primer an online course offered by Michigan Virtual University at http://mvulearning.mivu.org/med/hipaa/direct/start.htm These are on-line courses and are available via the Internet 7 days a week, 24 hours a day.

Does the use of ICD-9CM diagnosis codes comply with HIPAA requirements?
Yes. Until such time as ICD-10 will be available

Is the billing provider address, Loop 2010AA, N3/N4, the address of the location where the service took place or the address of the agency?
As directed in the V4010 Implementation Guides, the expected value for Billing Provider Address, Loop2010AA, Segments N3 and N4 is the address corresponding to the Provider identified in Loop2010AA - NM1Segment, Elements NM101 thru NM109. Further, this would be true for all 837s' Professional, Dental, and Institutional.

Currently, we submit our Medicaid facility claims through the BCBSM/EPIC system, which routes these to the Medicaid payer. Will BCBSM modify the current claim format to support the X12N 837 format required by Medicaid on October 1, 2002 ?
Yes. Providers must use the BCBSM format and guidelines for this submission. Please visit the Blue Care Blue Shield of Michigan (BCBSM) website for detail information. Their website address is www.bcbsm.com/providers/hipaacentral.shtml

Can plans make network providers move to standard transactions before 10/16/03?
This is a business decision between the plan and its provider network. HIPAA regulations do not preclude plans from requiring that their providers use standard transactions in advance of the compliance deadline, but HIPAA non-compliance penalties would not apply to a provider that has submitted a plan until 2003.

Is it true that HIPPA wants the states to give provider's one unique number that they can use to bill both Medicare and Medicaid. Is Michigan doing this?
Currently Michigan does not have any plans to use the same ID number for both Medicare and Medicaid. Medicare's website is indicating that a Notice of Proposed Rule Making (NPRM) will be coming out recommending the adoption of a national provider identification number which would cover many professions and facilities. This would be done centrally and would apply to all payers, not just Medicare and Medicaid.

Our System Support Staff who are evaluating HIPPA Compliance guidelines relating to individual payers, request verification regarding the State of Michigan requirements as they pertain to the Service Authorization Exception Code. Per this code notes, it is used only in claims where providers are required by state law, (e.g. New York State

Medicaid) to obtain authorization for specific services but, for the reasons listed in REF02, performed the service without obtaining the service authorization. REF02 - Reference Identification: Allowable values for this element are:

Immediate/Urgent Care
2. Services Rendered in a Retroactive Period
3. Emergency Care
4. Client as Temporary Medicaid
5. Request from County for Second Opinion to Recipient can Work
6. Request for Override Pending
7. Special Handling. Will Michigan Medicaid require providers to use these Service Authorization Exception Codes?

The Service Authorization Exception Code (Loop 2300, Segment REF, data element REF02) is situational and dependent on the laws and therefore policies of the respective state Medicaid program. It is a segment that may be reported in all three 837 claim/encounter formats: Professional, Institutional and Dental.
MDCH does not currently require the service authorization exception code on 837 professional, dental or institutional claims. When an emergency indicator is needed to explain the absence of an authorization number, it is provided in other data elements. Since this may change in the future, please be sure to check the latest data clarification documents.

With regard to reinsurance; Is it necessary for a SFGHP (self funded group health plan) to have BAA with the stop-loss carrier (reinsurance) as this is part of operations?
Nearly all of the things that business associates may do for covered entities will come under the heading of health care operations. In all of these cases, a BA contract is required in order for the CE to disclose PHI to the BA, or permit the BA to create or collect PHI on the CE's behalf. Reinsurance is no exception.

We having been submitting paper claims to Medicaid for speech therapy and plan on continuing to do so: Here is our question:what are the changes we need to make to our release of information form? Also Do we need to file for an extension if we are planning on continuing to file on paper?
The first question deals with HIPAA privacy and security. The MDCH privacy team is currently researching these questions and will respond when solutions are available.
For the second question the answer is “NO”. HIPAA rules do not apply to paper transactions.

After reviewing much of the documentation provided on your website, I have the following questions.
From my interpretation of the FAQ sheet and other documentation MDCH will not be using the addenda for HIPAA compliant transactions and therefore the data elements such as birth weight, taxonomy code and others that have been excluded in the addenda may be required for Medicaid claims? Also, this requirement applies to both facility and professional claims (use of standard transaction not the addenda) correct?
Michigan Department of Community Health (MDCH) is accepting 837 claims that comply with the Final Rule on Transactions (published in the Federal Register August 17, 2000). These implementation guides are dated May 2000. MDCH is reviewing the October 2002 addenda. If the Federal Government issues a new final rule mandating this addenda (anticipated ruling 12/27/02), MDCH will issue a schedule for revised testing.